

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **065-10000** FILING DATE

APPLICANT(S)

097446996

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓		✓	
2		✓		✓		✓
3		✓		✓		✓
4	✓		✓		✓	
5	✓		✓		✓	
6		✓		✓		✓
7		✓		✓		✓
8		✓		✓		✓
9		✓		✓		✓
10	✓		✓		✓	
11	✓		✓		✓	
12	✓		✓		✓	
13	✓		✓		✓	
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TOTAL IND.	✓		✓		✓	
TOTAL DEP.		✓		✓		✓
TOTAL CLAIMS	14	13	14	13	14	13

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	✓		✓		✓	
TOTAL DEP.		✓		✓		✓
TOTAL CLAIMS	14	13	14	13	14	13